

LOG 0000 11457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900174937029

04/09/10--01021--030 **85.00

10 APR -9 PM 12:51
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2010 APR 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

©

PA
CPE
4/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wekiva Falls Resort and RV Park, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L08000011457

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Ott
Name of Person

Wekiva Falls Resort and RV Park, LLC
Name of Firm/Company

2200 Flowing Springs Rd
Address

Chester, PA 19425
City/State and Zip Code

phillystorageott@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randall N Thornton at (352) 793-4040
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Randall N Thornton

Name of Registered Agent

, hereby resigns as

Registered Agent for Wekiva Falls Resort and RV Park, LLC

Name of Limited Liability Company

L08000011457

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Randall N Thornton

Typed or Printed Name

Registered Agent

Capacity

FILED
10 APR -9 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

| | |
|----------|---|
| \$ 85.00 | Active limited liability company |
| \$ 25.00 | Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company |

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314